Community Grants Open House 2023

Virtual Poster Boards

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Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

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Asian Community Development Corporation
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Asian Community Development Corporation

Matched Savings Program | Housing Affordability

Overview

- The Asian Community Development Corporation (ACDC) works in underserved and immigrant Asian-American communities in the Greater Boston region to create and preserve affordable, sustainable, and healthy neighborhoods. We achieve this by building affordable homes and vibrant spaces, empowering families with asset-building tools, and strengthening communities through resident and youth leadership.
- Building Blocks is ACDC's homebuyer and financial literacy program. Our holistic approach provides first-time homebuyer education and counseling, financial literacy, and a 12-month matched savings program. Matched savings participants deposit $100 into their savings account monthly and attend financial literacy workshops. The 1:1 match rate provides participants with up to $1,200 at the end of the program.
- ACDC also advocates alongside residents and community partners such as Chinese Progressive Association to advance legislation that will benefit working-class and immigrant communities across Greater Boston and state-wide.

Goals

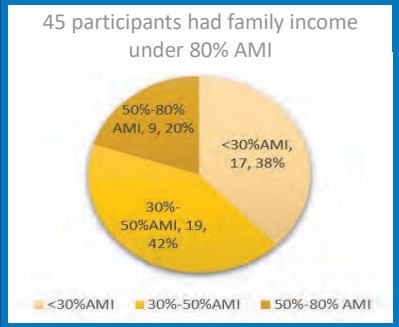
- Reduce the racial wealth gap by assisting low-income, limited English speaking households in and around Chinatown build financial assets and purchase their first homes throughout the grant period.
- Help participants build up the habit of depositing money into their bank account regularly.
- Assist participants to build financial assets towards their first home down payment.
- Increase participant knowledge in financial topics including credit, budgeting, and banking basics.

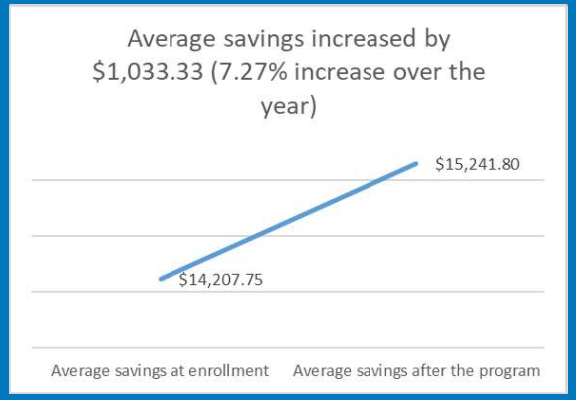
Success Story

- One of our clients joined ACDC's matched savings program in 2021. Although he had a stable job and income, he still hesitated to buy a home. He was worried about being able to afford a mortgage and other bills. He shared that after taking ACDC's financial literacy workshops about budgeting and tax planning, he realized it can be achievable after learning how to make and follow a savings plan. He became more confident in his ability to manage his finances. As a result, he and his wife decided to buy their first home - a condo in Quincy. He has acquired an asset that will likely appreciate in value over time. Additionally, he feels great that owning a home can provide stability, security, and build generational wealth for himself and his family.

Impact/Progress to Date

5 participants purchased a first home





Key Collaborators

Greater Boston Legal Services ... and justice for all

華人前進會 Chinese Progressive Association for justice, democracy, and equality

Next Steps

- ACDC has secured new sources of funding from JPMorgan Chase, the Massachusetts Division of Banks, and a legislative budget earmark to sustain the program for years to come.

For more information, contact:

Julia Zhu, Housing Counselor, Email: julia.zhu@asiancdc.org Tel: 781-851-4619

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BAGLY

Stabilization & Success Initiative

Behavioral Health, Jobs and Financial Security & Housing Affordability for LGBTQ+ Youth & Young Adults

BOSTON ALLIANCE OF GAY LESBIAN BISEXUAL TRANSGENDER YOUTH BAGLY

Overview

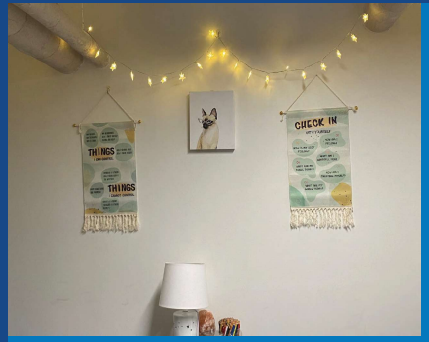
BAGLY: The Boston Alliance of Gay, Lesbian, Bisexual and Transgender Youth, is a youth-led, adult-supported social support organization, committed to social justice and creating, sustaining, and advocating for programs, policies, and services for the LGBTQ+ Youth community.

- The Stabilization & Success Initiative provides low-threshold access to Comprehensive Sexual Health Services, Mental Health providers, and assistance with food and housing stability.
- Also provides educational opportunities, Independent Living skill-building, and support to develop financial and housing security.

Goals

- Reduce barriers and increase access to Mental Health providers.
- Engage LGBTQ+ youth in Life Skills sessions that prepare them to enter or navigate the workforce.
- Provide training to a cohort of LGBTQ+ Youth who can draw on lived experience to lobby for policies and laws that help to eliminate homelessness across the state.

Success Story and Photo



With the funding provided by BIDMC, BAGLY has been able to reduce the barriers of requiring health insurance, waiting lists and co-pays. BAGLY has been able to increase access to free LGBTQ+ Culturally Competent Mental Health Providers to over 700 hours of care at no cost.

Impact/Progress to Date

- Over 100 LGBTQ+ Youth and Young Adults accessed our Drop-in Therapy sessions and Short-Term Mental Health services.
- 98% of the evaluations reported that these services met their needs, and 100% reported that they felt better after participating in these services.
- 90% of our young adults who reported being housing and financially unstable and participated in Independent Living skill-building (ILS) educational opportunities found the classes helpful.
- 58% of our young adults who participated in ILS either attained or maintained a job, while continuing to report financial instability.
- 100% of participants of the Tax Preparation ILS reported that they felt confident in filing their taxes.
- 60% of participants of the Credit Score ILS reported that they understood how a credit score impacted them.

Key Collaborators

Cummings Foundation

Point Source Youth

A Boston Children's Collaboration for Community Health Partner

Lessons Learned and Next Steps

- Massachusetts housing law placed Host Home placements into the category of a "tenant at will or providing them with the coverage of squatters rights." This raised concern from Host Home Providers about being able to end a Host Homes placement.
- Continue to establish and expand a network of providers and community partners that can reduce barriers and increase access to opportunities for LGBTQ+ Youth and Young Adults.
- Develop a curriculum to build leadership & advocacy skills, including in legislative policy work.
- Recruit a cohort of LGBTQ+ Youth who have lived experience with homelessness to begin training in the fall.

For more information, contact:

Aaron Gonzales, Director of Programs & Services, Agonzales@bagly.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

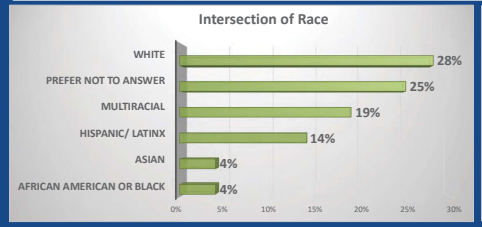
BAGLY

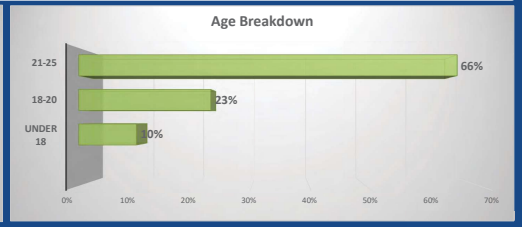
Stabilization & Success Initiative

Behavioral Health/Job and Financial Security & Housing Affordability for LGBTQ+ Youth & Young Adults

BOSTON ALLIANCE OF GAY LESBIAN BISEXUAL TRANSGENDER YOUTH BAGLY

Over 150 LGBTQ+ Youth reported experiencing financial and housing instability





Community Engagement

- More than 150 tabling and outreach engagements with schools and universities.
- More than 100 Speakers Bureau and outreach engagements with youth serving organizations.
- More than 60% have been in the priority neighborhoods of Dorchester, Roxbury, Mission Hill and Allston/Brighton.

Matching Funds & In-Kind Donations

- Because of the funds provided by BIDMC, BAGLY has been able to utilize supplemental funds and in-kind donations to provide $38,680 in direct aid to LGBTQ+ Youth and Young Adults under the age of 25.
- In-kind merchandise donations from corporate partners such as Converse, PUMA, Aritizia and GAP have totaled more than $10,000 in merchandise distributed to LGBTQ+ Youth.

Resources Provided

This word cloud was created using the feedback provided from LGBTQ+ Youth & Young Adults engaged in the programming funded by BIDMC.

For more information, contact:

Aaron Gonzales, Director of Programs & Services, Agonzales@bagly.org

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Beth Israel Deaconess Medical Center

Bridge Over Troubled Waters

Bridge

Expanding outreach to youth experiencing homelessness in Roxbury, Bowdoin/Geneva & Chinatown

Overview

- Bridge provides homeless youth with crisis counseling, harm reduction & mobile health care on the streets; mental health & substance use counseling, emergency shelter, education & career development Downtown; and a continuum of housing programs, ranging from long-term shelter, transitional housing, rapid re-housing & other housing options throughout Boston.
- Over 82% of all youth contacted by Bridge are BIPOC.

Goal

- Expand specialized age- and culturally appropriate street outreach to predominantly BIPOC Boston neighborhoods that engages homeless youth and young adults in a manner that recognizes the presence of symptoms of trauma and leads to services and housing, enhancing racial equity by reaching and serving youth and young adults of color, who are over-represented in the homeless youth population.

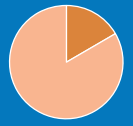
Success Story

- Sharisse* is an 18-year-old woman who grew up in Roxbury, where her family is deeply involved in gang life. Her mother's abusive boyfriend insisted Sharisse leave home.
- She couch-surfed at various friends and acquaintances and worked at a strip club in Chinatown. She went to "modeling jobs," in Las Vegas and Miami, returning with professional make-up, nails, and lots of money. She did not finish high school and struggles with serious depression and suicidality.
- Sharisse eventually went to Children's Services of Roxbury (CSR), who referred her to Bridge, as part of the new Bridge/CSR partnership facilitated by BIDMC.
- Sharisse stays at the Bridge Welcome Center, participates in Bridge's MY-BEST program (Motivating Youth-Brief Experience Substance Use Treatment), and receives commercial sexual exploitation survivor support. She hopes to obtain an apartment in Bridge's Rapid Re-housing Program.

Impact/Progress to Date

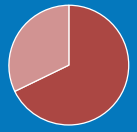
- 301 youth met on the streets, in adult shelters, by Bridge Mobile Medical Van or referred

BEHAVIORAL HEALTH



54 referred to counseling; **83% attended 3+ sessions (45)**

HOUSING



56 began housing search; **32% housed (18)**

EMPLOYMENT

76 began job readiness; **41% obtained jobs (31)**

Key Collaborators

Children's Services of Roxbury
Strengthening Families across Massachusetts

ROXBURY YOUTHWORKS

- 2 new partnerships with youth-serving organizations in Bridge priority neighborhoods
- 20 Safe Place sites in the priority neighborhoods, including all public library branches

Key Findings and Continued Expansion

- Partnerships with local organizations in Boston's neighborhoods are key to reaching homeless youth, who are more likely to be couch-surfing or living in unstable, unsafe places (vs. sleeping on the streets).
- Outreach to these priority neighborhoods is now a core part of Bridge's Street Outreach Program.
- Bridge strengthened and expanded the assessment process for outreach.

For more information, contact:
Peter Ducharme, Clinical Director, Pducharme@BridgeOTW.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

CITY LIFE VIDA URBANA
Stand Up, Fight Back.

City Life / Vida Urbana

Anti-Displacement Zones for Health (ADZ4Health) in Roxbury & Bowdoin/Geneva

Overview

- City Life / Vida Urbana (CL/VU) is a 50-year old grassroots community organizing group that focuses primarily on preventing housing displacement in Boston's historic neighborhoods of color.
- Our anti-displacement organizing is based on a model we call "the sword, the shield, and the offer." This innovative model is a blend of community organizing and direct action, pro-bono legal support, and collective bargaining for long-term housing stability.
- Our organization supports local tenant organizing in Roxbury, Dorchester, Mattapan, Hyde Park, Jamaica Plain, East Boston, Malden and Randolph.

Goal

- One program goal is to prevent evictions due to rising rents, building clear-outs, and foreclosures, which disproportionally impact residents of Boston's neighborhoods of color, in geographically targeted, transit-oriented development zones of Roxbury and Bowdoin/Geneva.

Success Story and Photo

- Last June, 40 community members lined the sidewalk outside of "Mr. Stevens'" home, rallying to prevent eviction of this elder tenant who lives on a small, fixed income and has lived in his unit for over 40 years and now has nowhere else to go. Inspired by support from the Roxbury organizer, weekly Housing Rights meetings, and the lawyer who represents him, Mr. Stevens has posted gold-colored "We Shall Not Be Moved" signs in his windows, and spoken publicly and to the press about his situation. He has challenged bad building conditions, and advocated for the landlord to consider selling to a nonprofit. At the rally, he told the crowd: "I ain't goin' nowhere!"

Impact/Progress to Date

- This year, across Boston, including in the ADZ4Health Roxbury/Bowdoin-Geneva Zones, program activities have included exhaustive outreach, virtual weekly Housing Rights meetings with access to legal advising, individual casework, collective Tenant Association organizing, and associated data collection.
  - Distributed 3,663 flyers at community venues (275 in Bowdoin-Geneva and 3,388 in Roxbury).
  - Canvassed / flyered 2,319 homes (528 in Bowdoin-Geneva, 1,791 in Roxbury).
  - 51 participants have attended weekly Housing Rights meetings.
  - Offered legal advising to tenants, small owners at risk for eviction/displacement at weekly meetings. To date, 40 participants have met with lawyers.
- **To date, the project has served 101 individual households through a combination of hotline advising and referral, housing rights meetings, casework, Tenant Association organizing, leadership development, and legal advising.**
- Organized with 2 Roxbury tenant associations (TA) at Abbottsford-Walnut Park and Oliver Lofts, and formed the Roxbury Hills TA.
- Among the 18 participants who have engaged in leadership development activities, three have been hired as program staff.

Lessons Learned

- In Roxbury and in sections of 02121 (considered by many to be part of Roxbury), rather than building clearouts and no-fault evictions, CL/VU is seeing a significant number of buildings where there are evictions "for cause" or nonpayment. During the last several years, in the wake of the COVID-19 pandemic, many of the nonpayment cases did not face evictions due to increased access to RAFT and moratorium protections.
- Additionally, much of the housing in these neighborhoods are in subsidized buildings. While these tenants have serious concerns related to harassment and terrible conditions, because they are not being evicted, they are more inclined to put up with their situations rather than organize.

For more information, contact:
Andres del Castillo, Director of Development, andres@clvu.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Fenway Community Development Corporation

CHEERs Coalition: Community Health via Housing, Equity, Engagement and Resilience
Policy Change at City & State level

Overview

- Fenway Community Development Corporation (Fenway CDC) is a 50-year-old community based non-profit organization that builds and preserves affordable housing and promotes projects that engage our full community in enhancing the neighborhood's diversity and vitality.
- Fenway CDC is the lead organization in a new partnership with Boston Tenant Coalition, Homes for Families, Mass Law Reform Institute and the Greater Bowdoin Geneva Neighborhood Association. We have organized and campaigned together at the City and State level to move legislation, budget items, and policies that will increase funding for affordable housing, further fair housing, improve tenant rights, and help address the homelessness crisis in the Commonwealth.

Goals

- Goal 1: Increase Linkage requirements for funding affordable housing and job training
- Goal 2: Increase the funding for the Mass Rental Voucher Program (MRVP) and decrease tenants' percentage of income allocated to rent

Success Stories

- **Linkage requirements for funding affordable housing and job training have been increased.**

Linkage requires developers of commercial property to pay into funds for the creation of affordable housing and for job training programs. The new rules lowered the threshold from 100,000 SF to 50,000 SF. The total linkage fee will increase over two years to $30.78 per SF for lab space, and to $23.09 for other commercial uses, up from $15.39. Sixteen percent of the fees will support job training and job preparedness programs, while the remaining 84 percent will support the creation and preservation of affordable housing.

- **The Mass Rental Voucher Program (MRVP) has been modified and improved.**

Due to the advocacy of Homes for Families and other groups, the funding level for the program has increased and the % of income that a qualified family pays for rent has now decreased. The MRVP Budget increased from $150 million in FY'22 to $154 million in FY'23. Previously the tenant paid 40% of their income in rent and the MRVP picked up the remainder up to the rent. Now the tenant's share has been decreased to 30% and the MRVP will cover the rest of the rent. Consequently, tenants will have more income to spend on other needs.

Impact/Progress to Date

- Linkage organizing occurred at the City and State level. The Coalition held numerous planning meetings throughout 2022 and into 2023. The Coalition held more than a dozen meetings with individual City Councilors, State Representatives and Senators. Overall, 15 groups were involved in hearings or submitting comments to the State Legislature, the City Council, The Boston Planning & Development Agency or the City Zoning Commission. In all more than 140 individuals were involved in hearings or meetings and 8 submitted formal comments to the City. Both the BPDA Board and the Zoning Commission voted unanimously in favor of the improved Linkage Policy.

- Over the last year Coalition members have met in person or via Zoom with more than a dozen key legislators. 10 different organizations, including the members of the CHEERs Coalition, sent in testimony and made calls to the State House. All 200 members of the legislature received fact sheets, timelines, and direct asks for improvements in the program codification/funding support. This year more than 20 organizations and individuals participated in an in-person lobby day at the State House.

Key Collaborators

- The Coalition for a Truly Affordable Boston
- The Job Training Coalition, The Linkage Coalition

Lessons Learned

- "It takes a Village" or in this case it takes dozens of organizations and many more individuals to make substantive changes in City and State Housing Policy.
- "We live to fight another day:" Policy changes at this scale takes years of work on legislative cycles at the City and State level. If you don't succeed in years one or two, keep coming back.
- "You win some and you lose some." We have talked about two major policy improvements here, but we are working on at least 3 other policy initiatives that are still ongoing with uncertain outcomes.

For more information, contact:
Richard Giordano, Director of Policy and Planning, rgiordano@fenwaycdc.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

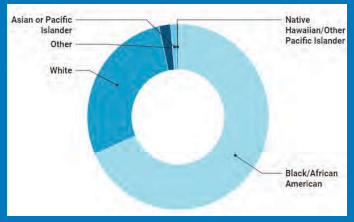
Metro Housing|Boston

Working to Opportunity | Housing Affordability and Jobs & Financial Security

Metro Housing BOSTON
People First. Housing Always.

Overview

- Metro Housing|Boston addresses and prevents homelessness in Boston by providing supports and services for families and individuals and helps them move along the pathway from homelessness to housing stability to economic security.
- Metro Housing Boston administers 6,000 Moving to Work (MTW) vouchers that allows or flexible administration to promote voucher holder employment and self-sufficiency.
- To be eligible for this voucher program participants are below 30% AMI (3 person household is $63,100). Participants' rent shares are based off 30% of the households' gross monthly income.
- For households with wages, this means that they are having their rent share calculated on taxable income that they never see.
- Working to Opportunity is a 3-year pilot program that follows households with wages and measures their current financial security/ goals and ability to maintain safe, healthy, and affordable housing. The selected participants are sorted into a test and control group, where the test group receives a monthly stipend of the difference between their gross and net income.



Demographic information:

* 296 households are participating in this study. 91% of the participants are single parent females with an average household size of 3 people.
*Languages English, Spanish, Cape Verdean Creole, and Farsi
*Average Income for households $39,389 – 19% AMI
*Median age of 48.

Goals

- Measure participants' financial security, ability to maintain safe, affordable housing, and general overall wellbeing to compare the control and test groups.
- Evaluate the potential of reducing the rent share to improve the financial security of voucher recipients and their workforce participation and earnings.
- Present findings to the Department of Housing and Community Development and advocate for an administrative change to the current rent calculation structure.

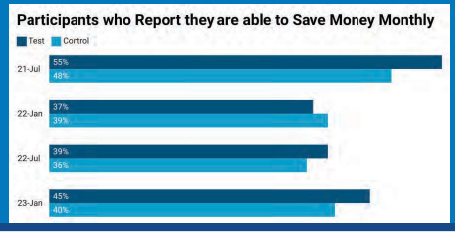
Success Story

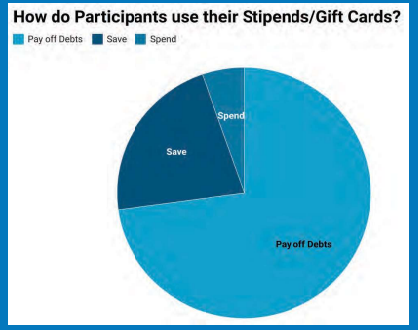
"I am able to have a family day without it impacting my bills."

Kaila is a mom of 3 girls who is going to school and working part time. She entered this program living paycheck to paycheck and was unsure how this program impact her finances. When Kaila started receiving her stipend she said, "It wasn't much but I knew that if I could save it than I could use it when I need it." Having the extra cash come in each month inspired Kaila to create a budget, saving the extra income for rainy days and expenses that were coming up. Most recently she was able to save up and throw her daughter an all-out birthday party at a trampoline park. "It was a great day and so enjoyable because I knew I wasn't going to be late on my monthly bills."

Impact/Progress to Date

- 93% retention rate of participants
- Average Monthly Stipend sent to participants: $172
- Money sent to participants to date: $590,000
- Average household income increased by 10% to $43,353
- Inflation has made a large impact on participants





Next Steps

- In 2023, DHCD implemented a $5,000 rent share deductible pilot for working households (2023 only).
- In partnership with researchers from Harvard Business School and Notre Dame University, share findings through white papers and forums to advocate for permanent changes to the MTW administrative plan.

For more information, contact:

Amanda Baldwin or Carla Beaudoin at WorkingtoOpportunity@metrohousingboston.org

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Beth Israel Deaconess Medical Center

Opportunity Communities

Homes for Equity (HFE) | Housing Affordability

OppCo

Overview

- Opportunity Communities builds the capacities of our Community Development Corporation members to produce affordable homes and to create equitable communities.
- Pilot program with Nuestra Comunidad in Roxbury, a community that has shouldered the burden of harmful housing policies and practices for decades.
- Models a way to close the racial wealth gap by enabling Black people harmed by housing discrimination to buy affordable homes that accelerate home equity appreciation.
- Roxbury residents between 1940 and 1991 and/or their direct descendants are eligible to purchase "Homes for Equity" homes.

Goals

- With the support of a Research Advisory Council and our research team, we sought to document a history and pattern of institutional housing discrimination experienced by People of Color in Roxbury.
- We developed a Fair Housing homeownership program strategy– with two proposed municipal policy changes--to redress the economic harm of longstanding housing discrimination in Boston.
- We are now looking to support production of 40 *Homes for Equity*.

Why & How?

"Many people were forced out of what were very adequate living conditions. I've had friends tell me their grandparents were given a pittance for restitution for the displacement that was caused by urban renewal. A lot of people have come to recognize, literally, large stakes of generational wealth were just wiped out and never recovered." – Norm Stembridge

Homes for Equity has charted a path forward to repair this damage. We seek to model affordable homeownership that:

- Is explicitly marketed and sold in a race conscious manner;
- Allows for accelerated wealth-building for buyers of color harmed by housing discrimination.

Progress to Date

- 13-member Research Advisory Council met 12 times and brought community perspective to the research design and execution.
- **Nine oral histories** were collected to bring the stories of families' economic harm to life.
- **Four detailed reports** were produced that document an egregious history of housing discrimination in Roxbury by city, state, and private entities that contribute to today's continuing racial homeownership and wealth gaps.
- Our legal analysis makes a case for remedy of the harm using duty in the Fair Housing Act.
- Defined HFE eligibility criteria and completed financial modeling to inform policy recommendations.
- Our team has presented our research and program design to elected officials and in community settings to solicit input and support.
- We are in active conversations with the City of Boston around our policy change requests.
- **Nuestra Comunidad and three private developers have agreed to adopt the HFE model.**

Allies/Partners

NeighborWorks® AMERICA

Celebrating 40 Years NUESTRA COMUNIDAD #CloseTheGap

Klein Hornig LLP COUNSELORS AT LAW

MASSACHUSETTS AFFORDABLE HOUSING ALLIANCE Education • Action • Results

- HYM
- Urbanica
- Nelson Group

Next Steps

- Secure City of Boston support for our policy changes.
- With non-profit and private developers, build and sell the first Homes for Equity homes.
- Pilot the program in Boston, then expand to other municipalities in Massachusetts.
- Share our model with community/private developers in other states, to encourage replication.

For more information, contact:
Maria Latimore, Homes for Equity Director, mlatimore@gmail.com

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Overarching Evaluation of the BIDMC Community-based Health Initiative (CHI)

Boston Cohort Interim Findings | Health Resources in Action

Evaluation Approach and Methods

Overarching Evaluation Purpose: To learn across the BIDMC CHI:

- To what extent have the priority populations been reached?
- To what extent have outcomes improved across the participant population and/or what progress has been made towards policy change?

Overarching Evaluation Methods (Boston Cohort 1)

- 15 Boston-based grantees are collecting program specific implementation measures and have shared process and outcome measures for their priority area(s). These shared measures are collected at a baseline time point, when participants begin receiving services, and at an endpoint time point, upon completion of services.
- Qualitative data is collected annually through staff interviews and/or focus groups with each grantee.
- To date, HRiA has analyzed data collected over the first 18 months of grant implementation (July 2021 – December 2022).
- Preliminary baseline findings are presented here; enrollment and evaluation data collection is ongoing and therefore these findings should be considered preliminary and may change.

Participants Served to Date

During the first 18 months of grant implementation (July 2021-December 2022), grantee programs and initiatives **directly engaged 1,400 individuals** (908 individuals received services and enrolled in the evaluation, 214 received one-time services, and 284 individuals engaged in policy activities). Of the 908 programmatic participants served by Boston-based CHI grantees and enrolled in the evaluation to date:

Priority Neighborhood

77.4% of participants were associated with a BIDMC priority neighborhood

Low Resource Individuals

74.0% of participants were considered low-resource

- Half (51.0%) of participants identified as Black or African American, almost a third (30.8%) identified as Asian, and a quarter (25.1%) identified as Hispanic, Latino, or Spanish ethnicity
- More than a third (35.0%) of participants indicated a primary language other than English

Grant Implementation to Date

45 staff hired

345 staff and/or volunteers trained

1,613 policy activities on local and state policies

Baseline Findings to Date

Baseline data describe areas of need among participants and will be used to demonstrate change after participation in grantee programs. For example, at baseline, among participants enrolled to date:

Behavioral Health Program Participants (n = 412)

Over a third (37.3%) of participants at baseline indicated they 'often' or 'almost always' experience personal or emotional problems

Housing Program Participants (n = 307)

Almost half (47.3%) of participants at baseline are not satisfied with their current housing situation

Jobs & Financial Security Program Participants (n = 214)

More than half (51.4%) of participants at baseline report they are not regularly putting money aside for future use

Next Steps

- Grant implementation will continue until December 2023. Upon completion of the grant evaluation period, baseline and endpoint datasets will be finalized. Analytic plans for the evaluation include:
  - Analysis of baseline and endpoint shared measures for the three BIDMC CHI priority areas: Behavioral Health, Housing Affordability, and Jobs and Financial Security
  - Comparisons of the shared measures between baseline and endpoint time points
  - Significance testing and stratifications
- Final results will describe participant characteristics and the collective impact of the Boston Cohort 1 CHI grantee initiatives

For more information, contact:
Kristin Mikolowsky, Director, kmikolowsky@hria.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

ACEDONE

JENGA | Mental Health and Wellness

Overview

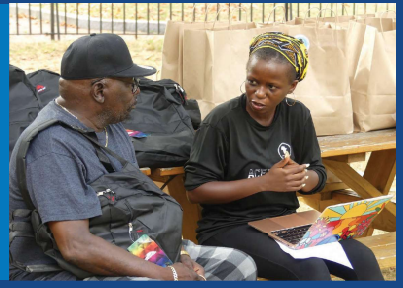
- African Community Economic Development of New England's mission is to partner with families to help African refugees and immigrants in Boston develop a self-sufficient and vital community by providing education and life experience to thrive socially, professionally, and economically.
- The Jenga Project addresses the identified mental health needs of African immigrants with a culturally informed lens. The case management model reflects a strengths perspective (wellness) that addresses mental health functioning, educational outcomes, and issues of inequity.
- Jenga serves African immigrants served by ACEDONE and at-large in the Boston Metro area.

Goals

- Address key challenges that the community faces to promote mental health, particularly those trauma related experiences amplified by:
  - immigration
  - poor educational student outcomes
  - parental unfamiliarity with child/adolescent education systems
  - individual and family isolation
  - lack of familiarity with community services

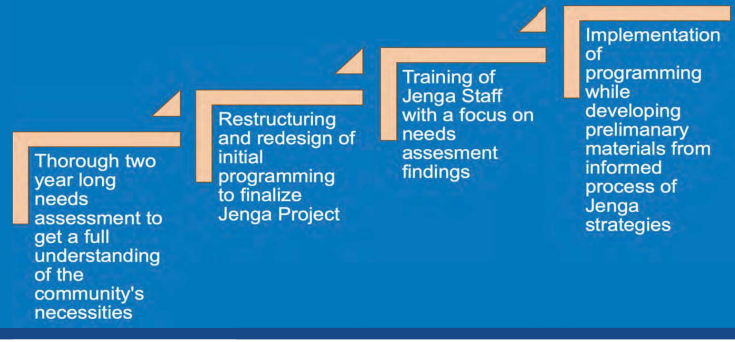
Success Story and Photo

- Facilitated and partnered with a community gym to offer 15 free memberships for a year to support physical wellness.
- Enhancing and applying Jenga services to unstably housed participants.
- The Jenga Project is designed to be a continued needs assessment with interactions between people from the same community and backgrounds.
  - Allows for an enhanced understanding of community needs.
  - Specialists feel confident knowing that the Core team is continuously restructuring the design of the program to fit the community's needs.



Impact/Progress to Date

- Peer-to-Peer Specialists have served 50 individuals or households.
- Held 165 person-to-person sessions and 550 remote or virtual sessions.
- Each Specialist is assigned 3 cases where they spend 20 hours per month with individuals.



Key Collaborators

- Green Street Center
- ACEDONE Youth Program
- Liberty Fitness
- Simmons University- School of Social Work
  - Dr. Abbie K. Frost, PhD. - Evaluation

Lessons Learned and Next Steps

- More recent assessments of client needs for specific populations (e.g., older African immigrants, African immigrant youth) are following a similar process that Jenga staff used for African immigrant adults.
- Jenga staff have worked with two additional organizations. The goal of this work with special populations is to adapt Jenga services to other African immigrants in need of mental health services.

For more information, contact:
Ayatt Elawad, Director of Health Equity, ayatt.elawad@acedone.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Boston Chinatown Neighborhood Center
波士頓華埠社區中心

Boston Chinatown Neighborhood Center

Mental Health First Aid Initiative | Community-based Health Initiative

Overview

- Founded in 1969 by community members in Boston's Chinatown, BCNC's mission is to ensure that the Asian immigrant children, youth, and families we serve have the resources and supports they need to achieve greater economic success and social wellbeing.
- BCNC's Mental Health First Aid (MHFA) Initiative program aims to improve the mental health of Asian and Asian American children, youth, and families. This is achieved through building community capacity to provide behavioral health services to ensure that the youth, adults and families that we service have increased access to high quality, linguistically and culturally responsive mental health and substance use services.

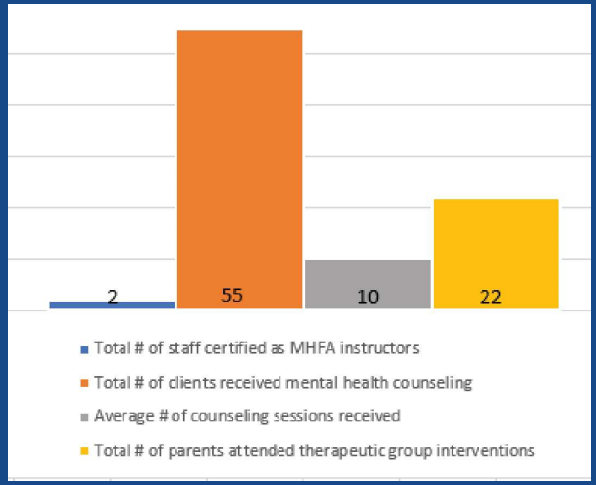
Goals

- Serve 25 individuals per year through the program's individual mental health counseling services
- Ten parents will participate in 10 sessions of Therapeutic Group Intervention Services per year
- Host 2 community mental health forums, reaching a total of 120 participants

Success Story

Danielle, in her 50's, is a survivor of domestic violence. She reached out to BCNC Family Services for short-term mental health counseling. Clinician and Danielle met for 10 sessions to work on psychoeducation around domestic violence, rebuilding self-esteem, and developing positive coping skills. During the first session, Clinician conducted the PHQ-9 screener and results indicated that Danielle might have severe depression with suicidal ideation and/or self-harm. Clinician and Danielle developed safety plans, one specifically for her suicidal ideation and one for responding to future abusive or violent incidents. Danielle was able to process her traumatic experiences, identify control tactics that her abusive partner used, gain insights on how her own culture impacted her wellbeing, and learn healthy coping strategies. In addition to mental health counseling, Clinician also assisted Danielle in finding financial assistance and community resources. During the last session, Danielle shared that she would like to contribute to destigmatize mental health in the Asian American community and empower other Asian American women who are suffering from domestic violence.

Progress to Date



Clients who received counseling:

- 100% Asian
- 81.6% speak Chinese; 18.4% English
- 36.8% Male; 63.2% Female
- Average age: 34.4
- 89.7% affiliated with Chinatown; 10.3% Allston/Brighton; 6.9% Fenway/Kenmore; 6.9% Roxbury; 3.5% Mission Hill

Mental Health Forums: anticipated to take place on 5/13/2023, 5/20/2023, and in October 2023 (date TBD).

Lessons Learned

Through BCNC's MHFA trainings, it became apparent that there is a need for a linguistically and culturally responsive curriculum for the Asian community, such as the Chinese-speaking population. BCNC staff reached out to MHFA regarding this need, and there are currently a total of four BCNC staff who are certified MHFA instructors who have become reviewers for MHFA's Chinese translation for both the youth and adult curriculum. The anticipated completion date is July 2023 for Chinese. MHFA is working with translators to translate the curriculum into other Asian languages as well.

For more information, contact:
Grace Su, Director of Family Services, grace.su@bcnc.net

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Fathers' UpLift

Fathers' UpLift

Community-Level Mental Health Engagement for Black & Brown Communities | Behavioral Health

Overview

- Fathers' UpLift provides mental health counseling, coaching, and advocacy to assist fathers with overcoming barriers (racism, emotional, traumatic, and addiction-based barriers) that prevent them from remaining engaged in their children's lives.
- Our approach is intended to reduce stigma, address social determinants of health, and provide catered mental health services. This programming involves clinical therapy, coaching, and peer-level community health workers (Ambassadors), providing services at multiple levels for our community.
- Client Demographics: 90% male, 10% female; 63% Black, 12% Latino, 11% White, 14% other/mixed.
- The majority of those we serve reside in Roxbury, Mattapan, Dorchester, and Fenway-Kenmore.

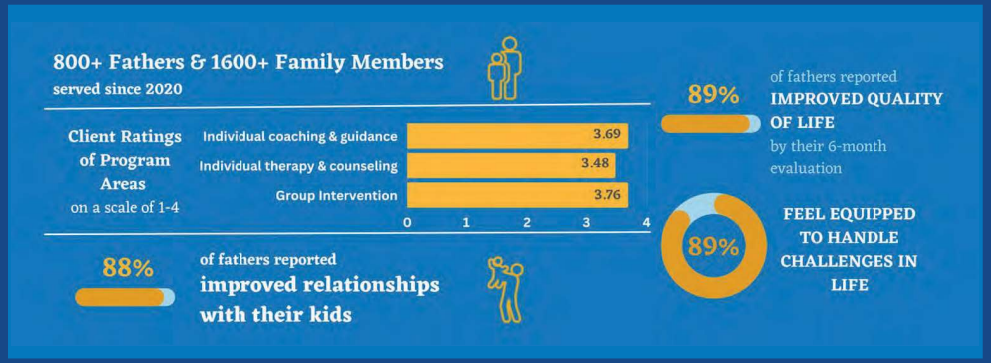
Goals

- Increased mental and behavioral health outcomes for 3000 men & family members in our community.
- Increase father-child engagement, with less than 10% of fathers served remaining unengaged.
- Decrease men's stigma around mental health.

Success Story

Andre Smith is a father and a son. Fathers' UpLift (FUL) was able to serve him in both capacities. When he first came to FUL, Andre was facing co-parenting challenges. He wanted to be in his son's life, and he desired help to make sure that would be possible. As we partnered up with him, Andre worked hard and, with the right support from our team, he was able to navigate his hardships in parenting. Andre eventually shared that a major difficulty in his emotional well-being was that his own father was serving a 30-year prison sentence for the majority of his own life. He wanted FUL to support his dad in the same ways we supported him. After connecting with Andre's father, we were able to provide him with advocacy and support services that resulted in approval for parole and support with his re-entry. Our work changes generations. Andre is doing well today. Sometimes he volunteers with us, like in this image, giving back to his community.

Impact/Progress to Date



Key Collaborators

Mass DMH Department of Mental Health
Commonwealth of Massachusetts Department of Public Health
The GNE Project
WE THE ACTION — Connecting Lawyers with Causes
VitalVillage Networks

Lessons Learned

- We found a good middle ground in December with our new evaluation process, adjusting our evaluations in a way that decreased survey fatigue and maintained accuracy.
- Our staff became much more proficient in conducting evaluations and maintaining administrative standards, increasing the sustainability and professionalism of our work.
- We also discovered new ways to address the full range of social determinants of health, ensuring we are not only addressing mental health symptoms, but also the root issues behind them.

For more information, contact:

George Boakye-Yiadom, FUL Communications Admin - george@fathersuplift.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Greater Boston 中華耆英會
Chinese Golden Age Center

Greater Boston Chinese Golden Age Center

Healthy IDEAS for Asian Seniors | Behavioral Health

Overview

- Greater Boston Chinese Golden Age Center is a nonprofit organization that has been serving the Asian elderly since 1972. Our programs include Adult Day Health program, Social Services, Senior Centers, Elderly Nutrition program, Senior Community Service Employment, SHINE, All of Us Research program and Healthy IDEAS for Asian Seniors.
- Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) for Asian Seniors is an evidence-based, depression self-management program designed to detect and reduce the severity of depressive symptoms in older adults with chronic conditions and functional limitation.

Goals

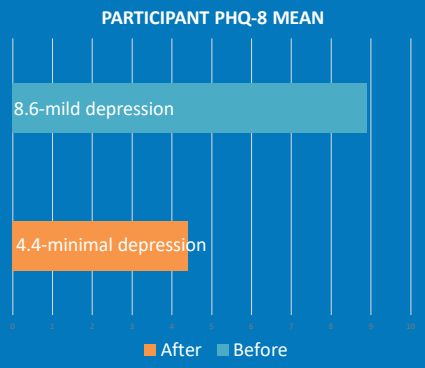
1. Increase knowledge on mental health among Asian seniors.
2. Work with healthcare providers to coordinate care at the community level.
3. Reduce depression severity and increase activities to improve quality of life.

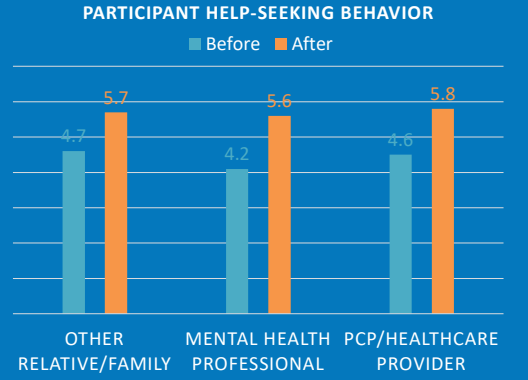
Success Story

A Chinese-speaking woman in her 70s was referred to the program by the Resident Service Coordinator. The woman lives alone with no home care services. Her husband passed away 5 years ago and she lost her home. In addition, her children have not kept in touch with her. She was diagnosed with depression and started mental health counseling and medication treatment with little improvement. She was screened into our program and received counseling sessions. Her mood has shown great improvement, less crying episodes, more exercises, and more willingness to join group activities in the community and at her housing complex.

Impact/Progress to Date

- Between July 2021 and December 2022, the program has reached out and screened 136 Chinese-speaking elders; 74 have completed pre-and-post questionnaires and show overall improvement.





Male: 25% Female:75% Average Age: 80.5

Lessons Learned and Next Steps

- The program is well accepted in the Chinese American community to provide needed mental services at the community level.
- We plan to apply for a Massachusetts Councils on Aging (MCOA) grant to continue with this important project.

For more information, contact:
Catherine Chang, QA Director, 857-990-3311

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

North Suffolk Community Services

Latino Community Response Team (Latino CART) | Behavioral Health

NSCS North Suffolk Community Services

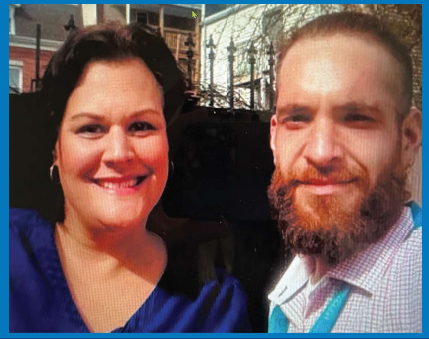
Overview

- NSCS provides community-based behavioral health services to individuals and families in the diverse communities of East Boston, Boston, Charlestown, Chelsea, Revere, Winthrop. Our staff of 900 assists families, children and individuals in 4 clinics, 38 residences and 74 programs.
- Latino CART is a bilingual 2-person team that provides intensive case management and clinical services. The services are delivered within the comfort of the person's home.
- Latino CART works exclusively with uninsured and underinsured individuals and their families living in the city of Chelsea.

Goals

1. Connect uninsured or underinsured Chelsea individuals and families to community resources to encourage their resiliency within their community.
2. Increase knowledge and confidence of Chelsea uninsured and underinsured individuals and their families in accessing community resources.

Success Story



Interviewees noted that Latino CART's ability to go into clients' homes, to build one-to-one relationships, and to employ staff that "look like you and [were] raised like you and can handhold you to those agencies" were vital to achieving this impact.

Due to Latino CART's impact on the Chelsea community, the City of Chelsea provided funding to ensure these services continue 1 full year beyond the BIDMC grant end year.

Progress/Impact

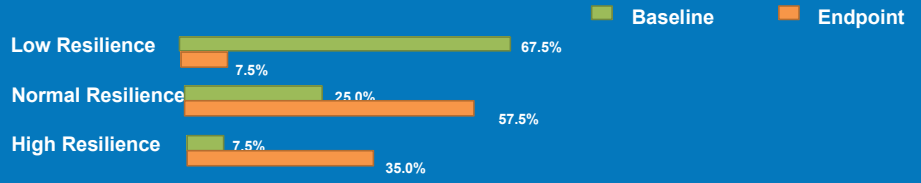
POPULATION REACHED

114 referrals | **60** participants | **42** graduates

47.6% - Uninsured
52.4% - Underinsured

45.2% - Salvadorian ◆ 33.3% - Honduran ◆ 11.9% - Guatemalan ◆ 7.1% - Colombian ◆ 2.4% - Dominican

GOAL 1: Increase Client Resiliency



GOAL 2: Perceived Confidence of Access to Resources

NOTE: Asterisk (*) indicates significant statistical difference ($p<0.05$) between baseline and endpoint scores

For more information, contact:
Emmy Porto, Director of Child, Youth and Family Services - eporto@northsuffolk.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

The Family Van

Healthy Roads Roxbury | Behavioral Health

Overview

- The Family Van, a mobile clinic led by Community Health Workers (CHWs), has served Boston's most historically under-resourced neighborhoods since 1992. Our multilingual and multicultural team meets people where they are to provide free health screenings, education, wellness counseling and community-based referrals in a warm and welcoming environment.
- In 2021, The Family Van launched Healthy Roads, a community-based wellness support program that screens, enrolls and refers clients experiencing mental health distress. Healthy Roads is an adaptation of The World Health Organization's Problem Management Plus (PM+) curriculum, an evidence-based model for non-specialist providers. Participants learn new coping and problem-solving skills to manage everyday stressors over (up to) 5 sessions. Personalized sessions are offered by our CHWs in English, Spanish, Portuguese and Haitian Creole in a non-clinical format.
- Approximately 90 percent of our clients are people of color, half are immigrants, and nearly all have at least one chronic disease. The typical client relies on public insurance, has a low level of health literacy, and in addition to health concerns, is challenged by one or more social concerns such as housing, food, employment, immigration, crime, and racism. The median age of our clients in Nubian Square is 59. 72% percent identify as Black and 13% Latinx.

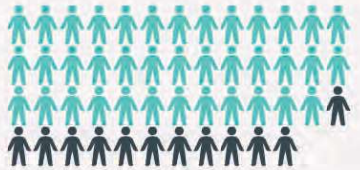
Goals

Goal 1: Build community capacity within Roxbury to address behavioral health needs by providing community-based resources where residents can access information, get screened, and be connected to the most appropriate level of care.

Goal 2: Enroll or refer clients who are most at risk of untreated mental illness, including people of color, older adults, and immigrants.

Goal 3: Reduce stigma associated with mental illness among Roxbury residents.

Impact to Date



76% of eligible clients enrolled

134 sessions held in English, Spanish, Portuguese and Haitian Creole

40% average reduction of mental health distress with 3+ sessions

308+ referrals for social and emotional support

Trained 6 Community Health Workers and 68 volunteers

"Healthy Roads is an **entry point** to mental health support. My needs were **understood and acknowledged** and using a holistic view of me as a person, I was given **coping tools and strategies that worked for me**. It felt like I was **not alone**. It was the first time my experiences and feelings were **validated** and I was **connected** to resources." - Client, 2022

For more information, please contact: **Piper Derenoncourt | Assistant Director Mental Health Equity Programs | Piper_Derenoncourt@hms.harvard.edu**

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

The Family Van

Healthy Roads Roxbury | Behavioral Health

Success Story

As part of our Healthy Roads initiative, we are launching a community-driven wellness campaign to address widespread stigma surrounding mental health. Our goal is to promote intergenerational conversations through culturally relevant messaging and community created art and encourage connections to care. We are thankful for our two community advisory councils (CACs) and our collaboration with two local artists, Ekua Holmes and emerging artist Perla Mabel. Our multi-lingual MBTA bus campaign will launch on June 19th.

CAC member with a communal painting; CAC artwork; Roxbury CAC brainstorming session with local artists

Key Collaborators

- The Family Van Clients (feedback on program design and adaptations)
- The Family Van's two Community Advisory Councils consisting of members from Roxbury and members who identify as Latinx
- Roxbury artist Ekua Holmes, emerging artist Perla Mabel and sparc! The Artmobile
- The Mexican Consulate of Boston
- Kelley Chunn & Associates (media training)

Lessons Learned and Next Steps

There is a critical need to shift the current mental health model to increase access to quality services, especially for BIPOC communities. Through expanding who can deliver care, how it's delivered and where it can be delivered, we can significantly reduce barriers to care. We have built trusting engagement by meeting clients where they are, deeply listening in a non-judgmental environment, and increasing the representation of BIPOC providers from the communities served.

Our next steps are to:

1. Secure more funding to support and expand our mental health work;
2. Continue to share our lessons learned through presenting our work nationally;
3. Train and provide technical assistance to the first Massachusetts based cohort of community based organizations adopting PM+ in their unique settings through the Advancing Community Driven Mental Health Initiative funded by BCBSMA Foundation, and in partnership with Partners in Health and Institute for Community Health.

For more information, contact:
Piper Derenoncourt | Assistant Director Mental Health Equity Programs | Piper_Derenoncourt@hms.Harvard.edu

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

COMMUNITY SERVINGS FOOD HEALS

Community Servings

Teaching Kitchen Job Training Program | Jobs and Financial Security

Overview

- Community Servings' Teaching Kitchen program is a free, **twelve-week job training program that helps trainees launch full-time careers in the culinary industry** through a continuum of services, including food service, job readiness, and life skills training, integrated case management and job placement support, digital and financial literacy education, subsidized training/work opportunities, and connections to a network of employment and referral partners.
- The Teaching Kitchen program targets one of the most high-need populations in Greater Boston: **economically-disadvantaged adults experiencing multiple, major barriers to employment** such as criminal records, substance use disorder, mental health disorder, and homelessness. Of the trainees we serve: 100% are un/underemployed; approximately 90% are experiencing poverty; 60-70% identify as BIPOC or Hispanic; 50-60% were previously incarcerated or have criminal records; and approximately 40-50% are living in a residential treatment program or shelter.

Goals

- Launch the redesigned Teaching Kitchen program which includes **a paid transitional employment program component to provide trainees with immediate financial support** and real-world transitional work experience.
- Improve food service, life skills and employment readiness among trainees with barriers to employment.
- Increase employment and earnings among trainees from BIDMC's priority communities of **Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill, and Roxbury** through placements in living wage jobs.

Impact/Progress to Date

Process Measures

- **85 enrolled trainees facing multiple, major barriers to employment.**
- 76% of trainees live in BIDMC priority neighborhoods.
- 20,861 class participation hours.
- 8 pipeline employer partners.
- **100% of trainees received an earned training wage of up to $5,300 while participating in the program.**

Outcome Measures

- **53 trainees placed in food service jobs with an average starting wage of $18.58, exceeding Boston's Living Wage of $16.38.**
- 97% pass rate of ServSafe Food Handler certification exam.
- 98% pass rate of ServSafe Allergen Awareness certification exam.

For more information, contact:
Allison Sequeira, Teaching Kitchen Sr Program Manager: allison@servings.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

COMMUNITY SERVINGS
FOOD HEALS

Community Servings

Teaching Kitchen Job Training Program | Jobs and Financial Security

Lessons Learned and Next Steps

Lesson Learned

Implementing an **earned training wage to the program as part of the BIDMC grant** has greatly improved trainees' economic stability, program accessibility, and trainee retention.

Next Steps

Piloting a social enterprise component of the program ("TK Eats") in May in which trainees will apply the learning concepts in the Teaching Kitchen curriculum in a real-world setting by producing and selling prepared meals to the public.

Success Story

We are very proud of our February 2023 graduate, **Cindy, who was hired as a Pastry Assistant at Mistral, a fine dining establishment in Boston, MA.** Cindy had recently relocated to Boston from Missouri and had a work history that included many low-wage jobs that lacked opportunities for growth. She was an incredibly dedicated student, focused on gaining as much as she could from her training with the Teaching Kitchen, and laser-focused on securing employment that would allow her to grow in her culinary career. **For Cindy, this is an amazing opportunity to be mentored by a talented pastry chef who could help her really secure a career as a pastry chef.** Cindy had previously thought that full-time (and expensive!) culinary school would be the only avenue into this level of culinary career, and we're absolutely thrilled for her that her hard work and dedication to learning has paid off!

Key Collaborator(s)

- **Referral Partners:** Access to Recovery Program, Suffolk County House of Corrections, The Sullivan House, Jewish Vocational Services.
- **Employment partners:** Tatte Bakery, Clover Food Lab, Spaulding Rehab Hospital, Legal Seafoods, Boston Children's Hospital, Boston Public Schools.
- **Community Partners:** Jamaica Plain Neighborhood Development Corp (JPNDC).

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

english for NEW BOSTONIANS

English for New Bostonians

English for Immigrant Entrepreneurs | Jobs and Financial Security

Overview

- English for New Bostonians ensures access to high-quality English classes so that adult immigrants across race, education, and migratory backgrounds can pursue their aspirations and contribute to a Commonwealth that fully values their talents and voices.
- Immigrants are 80% more likely to start their own businesses than U.S. born citizens, but English can be a barrier to start-up and expansion.
- ENB's **English for Immigrant Entrepreneurs (E4IE)** Initiative allows current and aspiring immigrant business owners to improve their English skills, establish or grow their business, and connect with business resources.

Goals

- Students gain English and tech skills plus business knowledge to expand their markets, access business assistance resources, and contribute to recovering local economies.
- Students create and present business plans and/or business pitches in English.
- Students connect with one another to form entrepreneurship support networks.

Success Story

- After years as a housecleaner, Diana Potosi launched Diana Organizes LLC, offering residential and commercial decluttering and storage systems. When she started, all her clients were Spanish speakers like her. *"The challenge was to translate everything— my mission, my vision — into English."*
- As Diana gained English skills in ENB's English for Immigrant Entrepreneurs class, she learned to write a business plan, and developed customer service and marketing concepts. She became a certified professional organizer and was able to create new jobs and hire staff. About 70 percent of Diana's clients now are English speakers!
- As part of our 20th Anniversary Celebration, ENB held a business pitch event modeled after reality show "Shark Tank." Diana won first prize ($5,000) with her compelling pitch! And, she wants to pay it forward. Diana believes many housecleaners have the potential to become professional organizers and offer luxury services as she does. *"I want to build an online platform"* to teach them how, she said.

Impact/Progress to Date

- 7 of 9 20-week classes have been held to date, with 8th in progress and 9th starting in fall 2023.
- 86 micro-business owners and aspiring entrepreneurs have been served so far, with a diverse range of English skills, education levels and business experience.
- Businesses included restaurants, coffee shops, housecleaners, construction, moving companies, creative design, health coaching, daycare, and more.
- Native languages: Spanish (75%); Portuguese (13%), Haitian Creole (5%) and other languages; Average age: 43
- Businesses based in Egleston Square (Roxbury), Allston-Brighton, and Greater Boston neighborhoods.
- Participants have learned to describe and pitch their business in English, and have built skills in marketing, finance, and operations.
- Pre/post standardized test show 62% percent of those post-tested have a learning gain in English (FY22)
- Surveys show 99% reported increased English skills, 97% increased technology skills, and 97% "have a plan for next steps for my business."

Key Collaborators

GARDNER PILOT ACADEMY

the YMCA

COMMONWEALTH KITCHEN

- Lawyers for Civil Rights
- Center for Women and Enterprise
- Eastern Bank
- Innovation Studio

Lessons Learned and Next Steps

- Three-year funding from BIDMC has been critical for the development of this initiative from pilot single classes into a sustained initiative with long-term teaching staff and ongoing partnerships.
- Next steps include seeking continued sustained funding and continuing to build this successful program in Greater Boston and beyond.

For more information, contact:
Lee Haller, Senior Manager of Grants and Evaluation, lhaller@englishfornewbostonians.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

La Colaborativa

Chelsea Youth Employment Program | Jobs and Financial Security

Overview

- La Colaborativa is a grassroots community organization dedicated to empowering LatinX immigrants to enhance the social and economic health of the community and its people; and hold institutional decision-makers accountable to the community.
- The La Colaborativa youth program provides a critical paid work opportunity in a variety of fields to Chelsea youths; furthermore, we support our participants with in-depth workforce readiness training, academic support, arts and culture exposure and a robust mental health program.
- We serve Chelsea youth ages 14-21 years of age. Our youth are predominantly bilingual, immigrants or children of immigrants from Latin America. Our youth face multiple pressures including economic hardship, housing insecurity and lack of equitable education access.

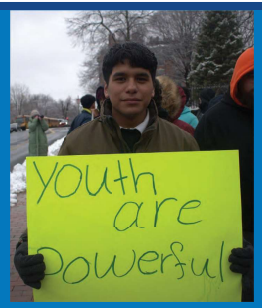
Goals

- Enroll 23 youth per cohort in the Chelsea Youth Employment program
- Advance or graduate 23 youth per cohort in the Chelsea Youth Employment program
- All La Colaborativa Chelsea Youth Employment interns will attend mental health support groups provided by the Youth Development Team

Success Story and Photo

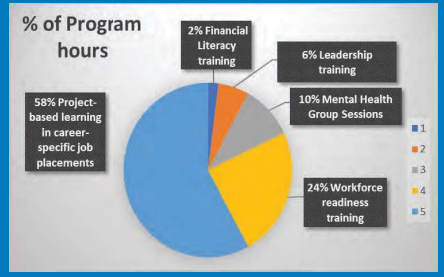
Jeshua is a teen from Guatemala who came unaccompanied to the US three years ago. Jeshua was provided a job serving his community through working at our food pantry and helping lead the creation of mural that will be installed in the community. Over the past year of participation, Jeshua has discovered his voice and talent for leadership, and from a pool of almost 100 youth, he was selected to serve as a youth peer leader, helping co-facilitate our programming. Jeshua is currently working on writing and producing an original play about housing justice issues in Chelsea.

"I am proud of the trust I have gained in myself. I have learned how to speak out in public and about the power us youth have to change the community."



Impact/Progress to Date

- 45 youth reached
- Average participation hours: 246



Outcomes:

- 82% of youth participants report an improvement in their mental health
- 68% of youth have maintained a C+ average or higher
- 80% of youth report increased leadership skills and confidence

Advocacy efforts:

- Increase to the Youthworks budget for youth jobs
- Passage of the Fair Share Amendment and Licenses for All bills

Key Collaborators

Chelsea Public Schools – Bridge to Success; City of Chelsea – Massachusetts; Teatro Chelsea; The Salvation Army; Boys & Girls Clubs of America

- Vocational Education Justice Coalition, I Have A Future Coalition

Lessons Learned and Next Steps

Lessons learned:

- It is essential to include youth in the design, implementation and evaluation of our programming.
- The importance of holistic work: our youth's academic and career success is dependent on their mental health and economic needs being understood and supported.

Next steps:

- Increase our capacity for academic, mental health and career support to youths.
- Strengthen engagement with parents and families of our youth participants.

For more information, contact:
Anna Hadingham, Director of Youth Programs, annah@la-colaborativa.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Sociedad Latina

Workforce Development Pathways | Jobs and Financial Security

Overview

- Sociedad Latina's mission is to create the next generation of Latine leaders who are confident, competent, self-sustaining, and proud of their cultural heritage.
- For over fifty years, we have partnered with Latine youth and families in Boston to pioneer new and innovative solutions to end the destructive cycles of poverty, health disparities, racism, and lack of educational and professional opportunities that persists in our community.
- We support **Latine, English Learner, and immigrant youth ages 14-21 from across Boston**
- Through work readiness training, paid internships, academic support and case management, our program supports long-term professional and academic success.

Goals

1) Youth are on-track for educational success and career ladder employment after high school
2) Youth strengthen social-emotional competencies
3) Build employment pipeline for Latinx and immigrant youth in career fields underrepresented by Latinos and people of color

Success Story

Jeannette, an 18-year-old Latina born in Dominican Republic came to the US one year ago and joined Sociedad Latina's Workforce Development program in 2022. She is on-track to receive her high school diploma from English High School and will intern at the Dana-Farber Cancer Institute this summer. She plans to attend Bunker Hill Community College next academic year.

"I am excited about my future and I want to help people. I like resolving difficult situations. I believe learning to resolve difficult situations will allow me to be stronger and prepared in the future." Jeannette

Impact/Progress to Date

- **128**+ participants reached
  - includes paid internship in our school-year and summer programming
  - 8 sessions held between 2021-2023 *(6 school-year sessions and 2 summer sessions completed)*
- All youth participants received our Work Readiness curriculum workshops
  - Youth gained work readiness and 21st century skills
  - Youth felt more prepared to participate in internships and apply for jobs of interest to them
- Youth were placed in external internships during the summer sessions
  - **13** youth in total successfully completed external internships to-date *(remote/hybrid/in-person opportunities)*
  - **8** youth are placed in external internships for Summer 2023 *(in person opportunities)*

Key Collaborators/Internship Sites

Brigham and Women's Hospital, Founding Member, Mass General Brigham
Museum of Science
MASS ART, Massachusetts College of Art and Design
MFA Boston
Dana-Farber Cancer Institute
Boston Children's Hospital
Beth Israel Lahey Health, Beth Israel Deaconess Medical Center
Castle Square Tenants Organization
PIC

Lessons Learned and Next Steps

- Acknowledging the importance of frequent communication with youth and family involvement for younger high school youth
- Entering the summer session and will continue to host Work Readiness workshops and partner with local institutions to provide internship and workforce opportunities for the youth we serve

For more information, contact:
Angelica Rodriguez, Program Director, <arodriguez@sociedadlatina.org>

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Bowdoin Street Health Center

Community Care Alliance Member

Bowdoin Street Health Center

Overview

- Bowdoin Street Health Center (BSHC) has been an integral part of the Bowdoin Geneva neighborhood of Dorchester since 1972, providing comprehensive and culturally-tailored services to more than 6500 patients annually. The majority of BSHC patients identify as African-American and Caribbean Islanders, Cape Verdean, and Latinx.
- Mission Statement: To provide excellent, compassionate care to our patients, and support the health of the entire community.

Key CHC/Program & Service Highlights

- On-Site Services Provided: Adult & Family Medicine, Pediatric & Adolescent Health, OB/GYN, Behavioral Health, Clinical Pharmacy, Retail Pharmacy, Optometry, Laboratory, Nutrition Services, Primary Care, OB/GYN, Pharmacy, Physical Therapy, Optometry, Podiatry, Gerontology, Community Health Programs, Community Health
- BSHC Pharmacy: Filled 37,000+ Rxs in year 1: 11,000 = 90 day supply; 75% patients have $0 copay
- 2023 Food Security Distributions to Date: $6,000-worth Bowdoin/Baby Bucks; 700 Grocery Bags

Patient Story and Photo

"Sara" relies on daily medications and regular PCP visits to keep a potentially life-threatening health issue at bay. Despite her always making on-time payments, Sara's health insurance was abruptly terminated without any notice. Her ongoing inquiries were met only with the response, "payments were not received on time," and further complicated by a lack of available interpreters.

When Sara's PCP connected her with CHW Noemia, Sara instantly felt supported; Noemia helped her navigate the complex insurance system, and the two partnered together to pinpoint a processing delay glitch in the insurance website's electronic payment page. They successfully won their insurance appeal claim, notified the company of the website issue, and identified an even better insurance plan for Sara to use moving forward.

Sara feels this collaboration is a true testament to the robust knowledge and cultural understanding that CHWs bring to Community Health Centers.

CHC History

- History of CHC:

1972: Founded by Residents → 1995: Carney → Beth Israel → 1997: Moved to 230 Bowdoin → 2015: Opened Wellness Center → 2022: Opened Pharmacy

- Notable Facts/Figures:
  - Pioneer in Community-Based Violence Prevention Work with BPHC (2009-Present)
  - Dana-Farber Mammography Van Pilot Site (2009-Present)
  - Recipient of Mayoral Prize for Innovations in Primary Care (2013)
  - Trustees of Reservations "Hall of Fame" Community Garden Award (2022)

Collaboration with BIDMC

Social Justice and Community Health Residency Elective (2015-Present)
Physician roles in addressing: SDOH barriers, advocacy/policy change, race and health training

Go Fresh (2021-Present)
Hypertension/Cardiovascular risk research study, on-site nutrition education/cooking classes

Improving Care Disparities in Dementia Diagnosis and Treatment (June 2021-Present)
This project launched the CNU-BSHC telehealth partnership, a novel collaboration between the BIDMC Cognitive Neurology department and BSHC to improve equity of care for patients with cognitive disorders within our medical system.

Upcoming Events & Future Plans

- Wellness Center Summer Programming
  Tai Chi, Yoga, Taekwondo, Basketball Camp, Ballet, Afro Beats, Community Gardening, Cooking Classes, Youth Leadership Programming, Food Access Supports, Doula Training, Walking Groups
- *Coming Soon…*BSHC Established as Clinical Research Center – Satellite Site

For more information, contact:
Samantha Taylor, MHA, Executive Director, staylo10@bidmc.harvard.edu

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Charles River Community Health (CRCH)

Community Care Alliance Member

Charles River Community Health

Overview

Only CHC in Allston-Brighton & Waltham	Serves 13,800 patients	73% need services in language other than English
97.2% below 200% FPL ($53,000 for family of 4)	63% Medicaid/ACA 7% private insurance 5% Medicare 25% uninsured	Patient Majority Board of Directors

Key CHC/Program & Service Highlights

CRCH Quality Performance among MA CHCs	CRCH Services
#1 Tobacco Screening	Medical
#2 Depression Remission	Dental
#4 Cervical Cancer Screening	Mental Health
#6 Breast Cancer Screening	Vision
#10 Aspirin for Ischemic Heart Disease	Pharmacy
#11 Colorectal Cancer Screening	Addressing Social Drivers of Health (SDoH)

Patient Story

A 70-year-old Muslim patient lost her husband to dementia. She was not working and spoke limited English. In Islamic tradition the widow would stay home for 4 months and 10 days after the passing of her husband. The patient contacted our Community Health Worker who speaks Arabic and is knowledgeable about the cultural aspects of the patient and Islamic traditions. Our CHW assisted the patient by making sure her medication was ready at the pharmacy and let the patient know she could send someone to pick up her prescriptions. The CHW also kept a box of fruits and vegetables from our monthly Mobile Food Market to be picked by the patient's friend. Our team continued to support the patient until she completed her time of grief following her cultural and religious tradition.

CHC History

Founded in 1974 by Allston-Brighton community leaders under Joseph M. Smith, our CHC has grown from a two-room clinic to a full-service CHC with 3 clinical sites in Allston-Brighton and Waltham. In 1997, CRCH moved to a stand-alone site located a block from the public housing complex where it originated. In 2004, we opened a site in downtown Waltham to fill the void left by the closing of Waltham Hospital. In Spring 2008, CRCH opened a site at the Gardner Pilot Academy to bring additional access to care to the community. In Fall 2015, we constructed a new facility in Brighton and in February 2018 we relocated to a new leased site in Waltham.

Brighton
48,000 sq ft

Waltham
19,000 sq ft

Collaboration with BIDMC

- Clinical partnership since 1997
- Access to specialty & inpatient care for insured and uninsured patients
- Monthly meetings of affiliate CHC CEOs and CMOs to support partnership
- Fantastic sharing of best practices, policies and procedures during COVID which we adopted

Upcoming Events & Future Plans

Expanded care teams for MassHealth Capitation ACO (clinical Rx, peer recovery, Integrated CHW)	Re-launching community partnerships & events	Implement new 3-year strategic plan with updated mission & vision

For more information, contact:

Joshua Nye, LMHC, Director of Behavioral Health, JNye@charlesriverhealth.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Fenway Health

Community Care Alliance Member

FENWAY HEALTH

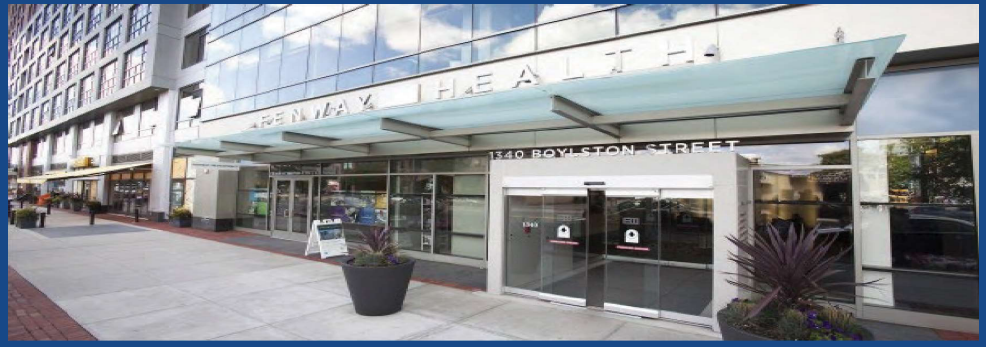
Overview

- Fenway Health advocates for and delivers innovative, equitable, accessible health care, supportive services, and transformative research and education. We center LGBTQIA+ people, BIPOC individuals, and other underserved communities to enable our local, national, and global neighbors to flourish.

Key CHC/Program & Service Highlights

- Services provided: medical, dental, behavioral health, optometry
- Fenway medical providers saw 30,472 patients who made 96,750 visits.
- Our Behavioral Health department cared for 3,161 people who made 14,977 individual therapy, group therapy and psychopharmacology visits last year.
- 3,886 patients made 15,451 visits to our Dental program.
- Our eye care providers saw 1,239 patients who made 1,697 visits.
- Providers at the Borum cared for 1,345 young people who made 4,857 visits.
- Fenway Health staff administered 6,544 COVID-19 tests at locations in Boston and Everett

Our 1340 Boylston Street Location



CHC History

- Since 1971, Fenway Health has been working to make life healthier for the people in our neighborhood, the LGBTQIA+ community, people living with HIV/AIDS and the broader population.
- Fenway was founded in 1971 as part of the free clinic movement by students who believed that “health care should be a right, not a privilege.”
- In its early days, Fenway was a drop-in clinic providing free blood pressure checks and STD screenings. Over the years, Fenway obtained permanent space and incorporated as a freestanding health center with a staff of one volunteer doctor, one nurse and one intake worker.
- Today, Fenway Health has a staff of more than 700 and a patient population of nearly 40,000 and is a Federally Qualified Community Health Center.

Collaboration with BIDMC

- BIDMC and Fenway Health have shared a long-standing partnership since 1974 when Fenway Health received its first funding from Boston’s Matching Grant Program in conjunction with New England Deaconess Hospital.
- In 1981 Beth Israel Hospital and Fenway Health collaborated to treat HIV/AIDS patients
- Fenway Health's affiliation with BIDMC helps to expand access to care
- BIDMC Dermatology and Pulmonary providers practice on-site at Fenway
- Fenway OB/GYN physicians are faculty members at BIDMC and rotate on Labor & Delivery service
- BIDMC, HMFP and Fenway collaborate on sponsored research studies, conducted at both BIDMC and Fenway facilities, focusing on topics such as HIV/AIDS and LGBTQIA+ health

Upcoming Events & Future Plans

- Saturday, September 23rd Our AIDS Walk/Harbor to the Bay Event
- Current research studies

For more information, contact:

Adrianna Boulin, she/her, Director of Community Impact and Engagement at aboulin@fenwayhealth.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

South Cove Community Health Center

Community Care Alliance Member

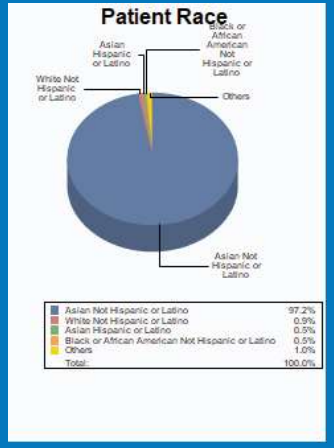
south cove community health center 華人醫務中心

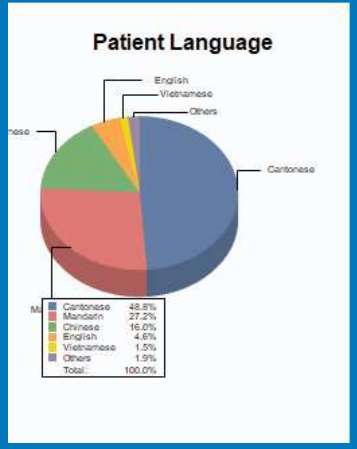
Overview

- The Premier Asian Community Health Center in Massachusetts
- South Cove Community Health Center is dedicated to improving the health and well-being of all medically underserved in Massachusetts with a special focus on Asian Americans. This mission is accomplished by providing high-quality community based health care and health promotion programs which are accessible, linguistically and culturally competent for these populations.
- We serve the Greater Boston Area with clinics located in **Boston, Quincy,** and **Malden**.
- **52 Providers** and **over 250 staff** serving **36,000 patients** in their native language
- Joint Commission Accredited

Key CHC/Program & Service Highlights

- Internal Medicine
- Pediatrics
- Obstetrics/Gynecology
- Dental
- Optometry
- Behavioral Health
- Mammography
- Bone Densitometry
- WIC Services
- Social Services





CHC History

- South Cove Community Health Center (SCCHC) is a federally qualified health center (FQHC) serving the medically underserved area Asian population of Greater Boston. What began as a walk-in clinic staffed by volunteers has grown into the largest Asian community health center in Massachusetts, serving over 36,000 patients annually across **five locations**.
- SCCHC currently offers a broad range of health services that meet the special needs of their target community: low-income, underserved Asian residents of Boston and the surrounding areas, who often face cultural and linguistic barriers to care in traditional healthcare settings. With **93% of its patients classified as Limited English Proficient (LEP)**, SCCHC fulfills a great need by staffing their clinics with native language speakers, including those who speak four Chinese dialects, Vietnamese, Malay, and Khmer.

Collaboration with BIDMC

- SCCHC has had a primary affiliation through the Community Care Alliance (CCA) with BILH for 18 years, and works collaboratively to ensure racially, ethnically, and linguistically accessible care for SCCHC patients and communities.
- All SCCHC Adult Medicine, Pediatrics, and Ob/Gyn providers have admitting privileges at BILH as they are credentialed through the Beth Israel Deaconess Care Organization (BIDCO) which enables SCCHC patients to access specialty care as needed. South Cove patients also deliver over **240 newborns per year at BIDMC**.
- South Cove provides direct translation services to Asian speaking patients who seek care at BIDMC. The health center provides access to 12 certified translators at the hospital who are able to converse with patients in their native language.
- Diagnostic Labs are drawn at the clinics and sent to BILH for processing. Results are uploaded directly into the patient's EMR and results are accessible to SCCHC providers 24/7. The health center completes **over 200,000 labs per year**.

YanYing Li, 617-521-6700, yanying.li@scchc.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

The Dimock Center

Community Care Alliance Member

THE DIMOCK CENTER

Overview

- With the goal of breaking down barriers to care and correcting historic racial health inequities, The Dimock Center is meeting the complex health and wellness needs of all members of the community, right where they live.
- Dimock provides over 19,000 local residents — primarily BIPOC — with affordable, high-quality medical and behavioral health care and early childhood education annually.

CHC History

- Dimock was founded as the New England Hospital for Women and Children in 1862 by Dr. Marie Zakrzewska. It was the first hospital in New England opened and operated by women for women, and one of the few training centers in the country for women physicians and nurses.
- Our pioneers include Dr. Susan Dimock, our first attending surgeon who created the nation's first nursing training program; Linda Richards, the first trained nurse in the country; and Mary Eliza Mahoney, the first African-American nurse in this country. Our historic buildings bear the names of our pioneers as a visible tribute to their legacy of care.
- In 1969, we became the Dimock Community Health Center (CHC) to meet the changing needs of our community.

Patient Story and Photo

Dimock is unique among CHC's in providing the entire substance use disorder (SUD) treatment continuum of care on one campus. This includes a 39-bed inpatient detox unit with over 2,000 admissions per year, a 16-bed Clinical Stabilization Services (CSS) unit for women, 60+ long-term residential recovery beds, and outpatient Medical Assisted Treatment services.

"Coming into these programs, you feel broken, lost.

To be able to have detox and CSS on one campus— with everybody working together as a team to support you—you can't beat that."

- Eddie, Dimock Residential Recovery Patient

Key CHC/Program & Service Highlights

- At Dimock's welcoming nine-acre campus in Roxbury, our community can access a full range of programs, including:
  - Health Services — primary health care for adults and children and specialized clinics, including Women's Health, HIV/AIDS support, eye care, and dental care
  - Child and Family Services — quality early childhood education, early intervention, and family support
  - Behavioral Health Services — individual and group therapy, inpatient, residential and outpatient substance use treatment and recovery services, residential and supportive services for adults with developmental disabilities, shelter and supportive services for families who are homeless
- Key Metrics:
  - Dimock offers 1/3 of the non-hospital detox beds in Boston.
  - Dimock is home to Boston's only post-detox CSS program for women. CSS is a vital step in the substance use treatment continuum between detox and residential recovery.
  - Currently, 90% of Dimock's female CSS patients transfer directly to CSS from the inpatient detox just across the street.

Collaboration with BIDMC

- BILH is Dimock's principal referral hospital and network affiliate, supporting Dimock's wide range of programs.
- BIDMC staffs lab services at Dimock and processes all Dimock outpatient clinical laboratory testing and results.
- Dimock OB/GYN physicians are faculty members at BIDMC and rotate on Labor & Delivery service.
- BIDMC Infectious Disease providers practice on-site at Dimock
- BIDMC supported Dimock's campaign to create an Acute Treatment Services facility with a $1M gift in 2018.
- In 2023, BILH committed $1.2M to help build Boston's first post-detox men's CSS at Dimock.

Upcoming Events & Future Plans

- Restoring Hope Capital Campaign - The Dimock Center is raising $18M to renovate the historic Dr. Marie Zakrzewska building to create Boston's only post-detox Men's Clinical Stabilization Services program.
- Dimock's 2023 Annual Meeting was held on June 14, 2023 at New Academy Estates
- The Road to Wellness 5K Run/2-Mile Walk is a free event for people of all fitness levels! Join us Saturday, September 9th, 2023

Learn more at dimock.org

For more information, contact:

info@dimock.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Healthy Bowdoin Geneva

Healthy Neighborhoods Initiative (HNI)

HEALTHY BOWDOIN· GENEVA

Project Description

- Healthy Bowdoin Geneva (HBG) is a community collective composed of a combination of social service providers, residents' associations, and community organizations based in the Bowdoin Geneva neighborhood.
- HBG generates higher levels of social cohesion and engagement through resource and information sharing, hosting events, and a leadership development program.

Progress to Date

- Increased interagency communication through use of a listserve
- Hosted, supported or funded more than 7 community events
- Hosting multi-week *Leadership for Social Change* workshop series
- Organized Career Fair with MassHire
- Joined *Bowdoin Geneva Public Safety Task Force* and participated in two community meetings
- Hosted *Celebrating Black Dads* and *Black Fatherhood Photo Project* joint event
- Funded *African-American History Through Food* event (hosted by collective member, Dorchester Food Co-Op)
- Supported access to healthy and nutritious food by partnering with AboutFresh

Neighborhood Outreach

- Development of social media platforms and strategy (*in progress*)
- A resource guide made available in at least 3 languages (*in progress*)
- Creation of professional neighborhood outreach team

Community Engagement Highlights

- Community Health Survey available in 4 languages and completed by 280 people
  - 89% of respondents identified as BIPOC
- Hosted 4 focus groups with a total of 47 participants
  - Residents and business owners (at Cape Verdean Association)
  - Youth residents (at Teen Center)
  - Members of local resident associations (virtual)
  - Employees of Bowdoin Geneva Alliance member organizations (virtual)
- Hosted 3 in-person community meetings with a total of 62 participants

Collective Members

BOWDOIN GENEVA main streets

Family Nurturing Center | MA

Cape Verdean Association of Boston

DORCHESTER FOOD CO-OP

Bowdoin Street Health Center

FRIENDS OF RONAN PARK

Catholic Charities BOSTON

DORCHESTER CARES COALITION

up Education Network

DORCHESTER CATHOLIC PARISHES OF THE ROMAN CATHOLIC ARCHDIOCESE OF BOSTON

- Greater Bowdoin Geneva Neighborhood Association
- Meeting House Hill Civic Association
- Friends of Geneva Cliffs

For more information, contact:
Angel Figueroa, Project Manager, afigueroa@familynurturing.org

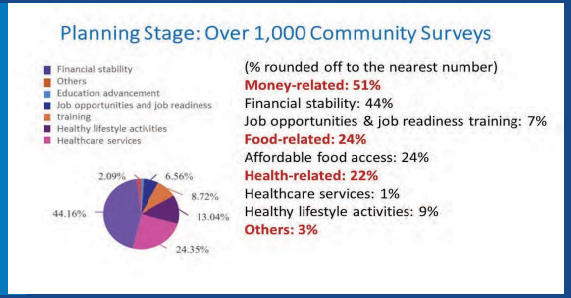
Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Fenway/Kenmore: We're Here For You

Healthy Neighborhoods Initiative (HNI)

Community Engagement: Planning Phase

- We hosted **3** virtual Community Conversations, and provided multi-lingual interpreters and flyers in English, Chinese, Russian, and Spanish.
- **108** community residents and stakeholders attended the Community Conversations.
- **23** residents attended **5** focus groups.
- **7** residents attended one-on-one interviews.
- Over **1,000** survey respondents.



Project Description and Achievements

Financial stability services (Fenway CDC)

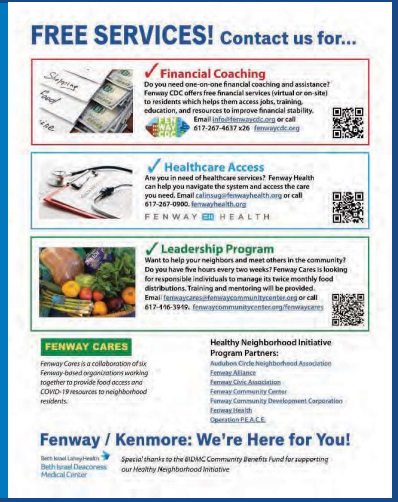
- Goal: Enable residents to access housing, jobs, education, financial coaching, and services
- Achieved: **83** residents had counseling and case management; **25** residents accessed financial coaching by Metro Housing|Boston

Healthcare access (Fenway Health)

- Goal: Help residents to navigate healthcare system to receive services
- Achieved: **415** people reached, **52** served via 1-1 outreach, and **24** enrolled and upgraded insurance

Leadership program (Fenway Cares)

- Goal: Train and mentor **20** resident leaders to coordinate food distribution for vulnerable residents
- Achieved: **9** new resident leaders trained, mentored, and are managing food access operations



Success Stories and Photos

Collective members volunteered at Symphony Park.

Marie from Fenway Civic Association trained Lily and Mr. Xiong to be resident leaders to coordinate food distribution and provide bilingual translation.

Resident leaders coordinated food distribution at Fenway Cares food distribution site.

Fenway CDC provided Jenny financial coaching and services to overcome barriers. She was able to successfully complete her education.

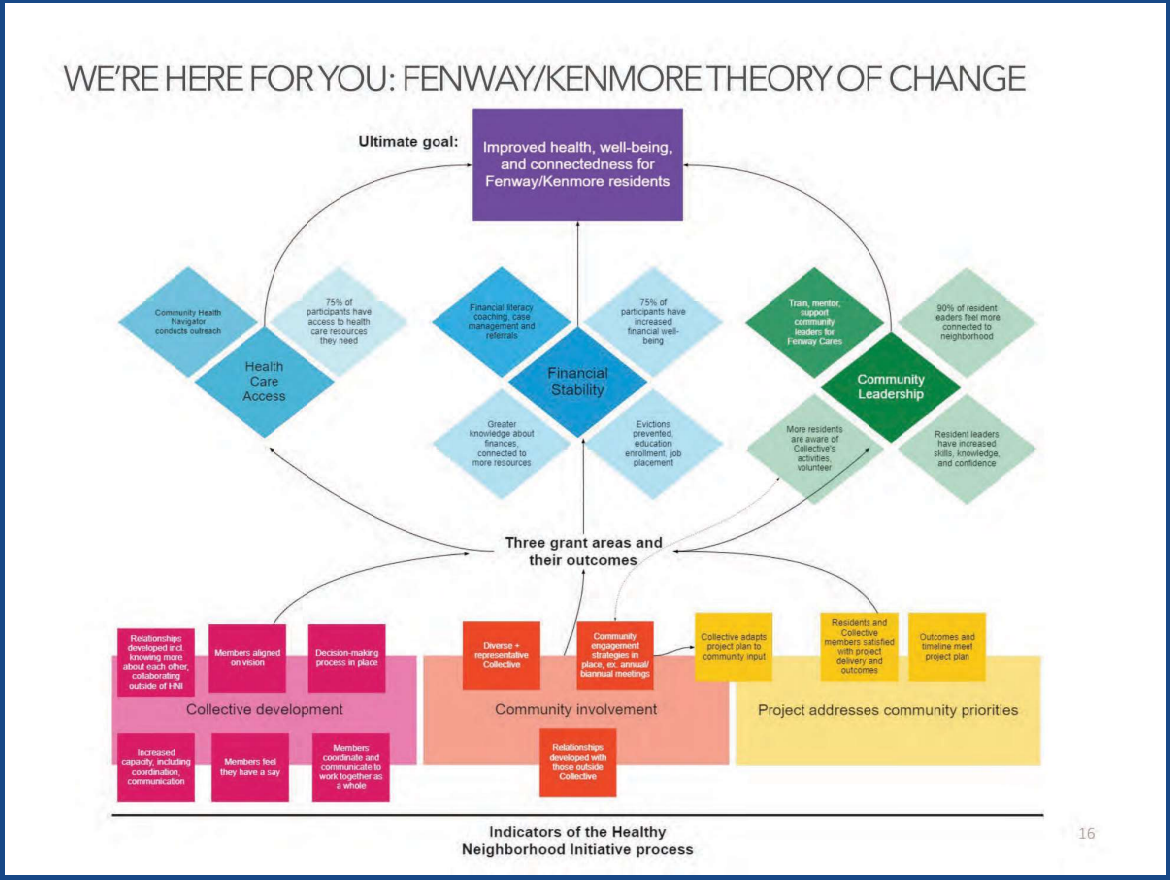
A newly-arrived family of four from Egypt was counseled on what insurance to apply for. They have no medical insurance but the mom received a same-day medical appointment at Fenway Health. The same mom came back a week after and applied for MassHealth and said her husband and children would apply as well.

For more information, contact:
Iris Tan, Marketing & Development Director, itan@fenwaycdc.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Fenway/Kenmore: We're Here For You

Healthy Neighborhoods Initiative (HNI)



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Key Collaborators

Fenway Community Development Corporation
Improving Lives and Building Community

Fenway Civic Association

FENWAY COMMUNITY CENTER

FENWAY HEALTH

acna

Operation P.E.A.C.E.
Partnerships in Education And Community Enrichment

FENWAY The Fenway Alliance

FENWAY CARES

Fenway Cares is a collaboration of six Fenway-based organizations working together to provide food access and COVID-19 resources to neighborhood residents.

For more information, contact:
Iris Tan, Marketing & Development Director, itan@fenwaycdc.org

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Chinatown HOPE (Health, Opportunities, Possibilities, Empowerment)

Improving Emotional Health Through the Activation of Open Space

Community Engagement Highlights

Chinatown Block Party
- Open space, gardening, and trips to nature received the most votes.
- More planters on the streets of Chinatown with residents in charge of their upkeep.

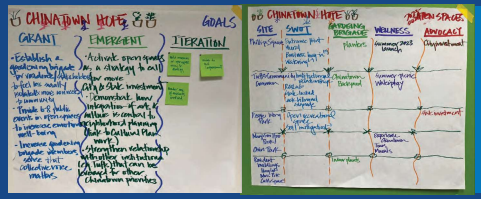
Chinatown Residents Association Steering Committee Focus Group
- Getting out into nature and exploring the Greenway.
- More trees, particularly in Phillips Square, to help cool down the neighborhood.
- Working together to strengthen collective voice.

On-line Survey Themes
- Gardening as an intergenerational activity, with storytelling and culture sharing.
- Education and learning opportunities around nature, nutrition, and leadership skills for open space advocacy.

Project Description

- Gardening brigade: A gardening brigade made up of residents, youth, and other stakeholders will steward a community garden and help establish planters around the neighborhood. Those in the brigade will engage in workshops that help them learn stewardship of greenery and climate resilience
- Activation of open space with wellness activities: Activities in open spaces focus on supporting emotional health with activities such as tai chi, qi gong, art and cultural activities. Many of these activities will be intergenerational in nature. Staff with clinical training will be on-site as a resource.
- Leadership development for the long-term planning for the future of open space in Chinatown: To build resident leadership and strengthen Chinatown's collective voice, we include activities for leadership development through advocacy and long-term planning strategies.

Progress to Date



- Identified open spaces to hold wellness activities
- Established three gardening brigades
- Developed advocacy goals for the Collective

Success Story and Photo

- Chinatown Backyard launched on Sunday, May 7 in Tufts Community Common.
- Coffee hours have been held with residents in several buildings including Mass Pike Towers, Hong Lok House, and Edna Lewis Apartments.
- Conversations are being held with the City of Boston to put planters in Phillips Square.

Key Collaborators

華埠 Chinatown 土地信托會 Community Land Trust

THE GREEN WAY

Asian Community Development Corporation 亞美社區發展協會
Building Homes. Empowering Families. Strengthening Communities.

CHINATOWN MAIN STREET 華埠主街
City of Boston Initiative
Office of Economic Opportunity and Inclusion

BCNC Boston Chinatown Neighborhood Center 波士頓華埠社區中心

波士頓華埠居民會 BOSTON CHINATOWN RESIDENT ASSOCIATION

JOSIAH QUINCY ELEMENTARY SCHOOL

華人前進會 CHINESE PROGRESSIVE ASSOCIATION

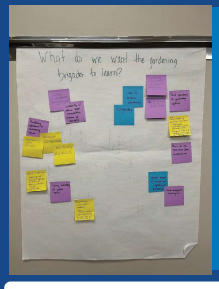
For more information, contact:
Dr. Heang Leung Rubin, Community Engagement Facilitator, heang@chiccommunityengagement.com

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Chinatown HOPE 華埠希望

(Hope, Opportunities, Possibilities, Empowerment)

Gardening Brigade Working Group

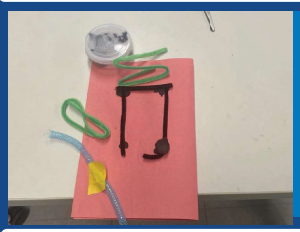


Three gardening brigades have been created:

- Youth brigade to take care of planters in Phillips Square
- Resident brigade to take care of Chinatown Backyard
- Resident brigade for planters in Mass Pike, Edna Lewis, and Hong Lok House

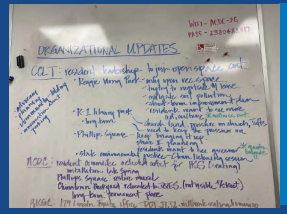
Brigades will participate in co-learning

Wellness Working Group



- Participated in design meetings to create a vision for a healthy Chinatown that is inclusive of many different stakeholders.

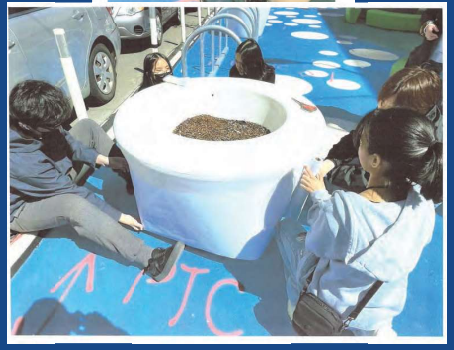
Advocacy Working Group



- Identified which open spaces to focus on. Chinatown HOPE can advocate for where additional City and State investment is needed.
- Wrote an op-ed about the need for open space in Chinatown that has been submitted to various news outlets.

Next Steps: Summer Launch

Chinatown HOPE plans to do a tree planting community event this summer in Phillips Square, an open space owned by the City. Young people are collaborating with local artists to paint the planters for this area. The summer event will also have wellness, art and culture, and other community building activities.



For more information, contact:
Dr. Heang Leung Rubin, Facilitator, heang@chiccommunityengagement.com

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Chelsea Healthy Neighborhoods Initiative (CHNI)

Women's Wellness Workshops

Community Engagement Highlights

CHNI brainstormed different ideas for community projects. Chelsea residents then had the opportunity to cast their votes at community events and were entered in a raffle to win a gift card.

August 2022 Events where residents voted on projects:

- Chelsea's National Night Out: CHNI had an information table at the event that drew residents of all ages
- Chelsea High School's Let it Fly event: Basketball tournament for youth ages 14 and up
- Vaccine Clinic at the Chelsea Senior Center: Drew senior citizens ages 55+

Votes were tallied in September 2022 and the Women's Wellness Workshop idea received the most votes.

Project Description

Our Women's Wellness Workshops serve to increase overall public health knowledge on relevant women's health topics, reduce stigma, promote self-advocacy skills in medical settings, and decrease social isolation.

Every month, we cover a health topic pertaining to women's health. We hold the workshops in English on the second Wednesday of the month and in Spanish every third Wednesday of the month (covering the same topic). We will hold these workshops until the end of 2024.

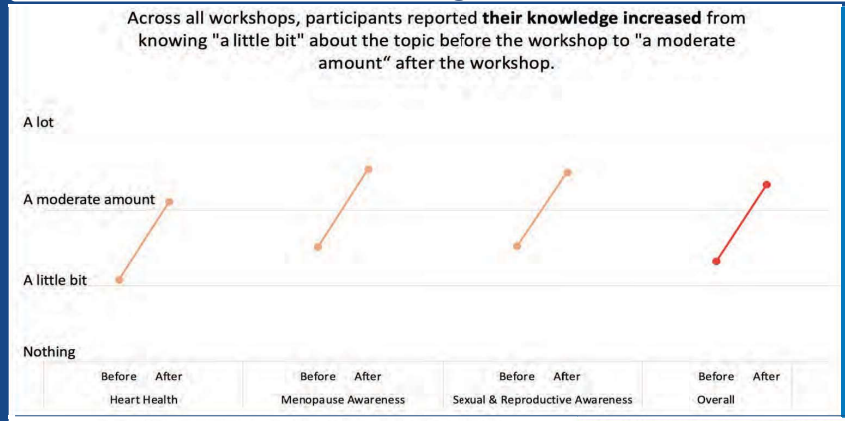
CHNI Goals

1. By the end of the grant period, CHNI will host 40 workshops or events on topics of women's health.
2. By the end of the grant period, CHNI will form two focus groups led by participants.
3. By the end of the grant period, 65% of women's wellness workshop attendees, on average, will report increased knowledge and awareness of issues affecting women's health after attending the workshop.

Participants will…

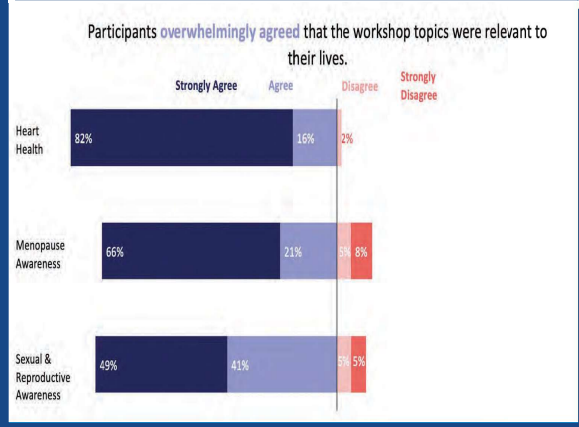
1. Have increased knowledge about the topic of women's health.
2. Have increased self-advocacy skills in medical appointments.
3. Feel less shame or stigma about different health-related issues.

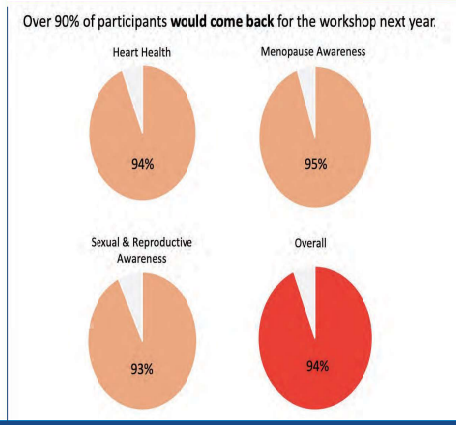
Progress to Date



Total number of workshop attendees:

Feb 2023- 80
March 2023- 46
April 2023- 51





For more information, contact:

CHNI Project Coordinator: Adela Gonzalez at chelseaccc113@gmail.com

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Chelsea Healthy Neighborhoods Initiative (CHNI)

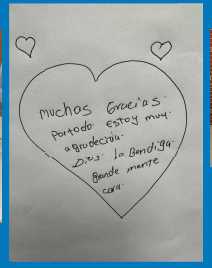
Women's Wellness Workshops

Photos

2/8/23: CHNI members cutting a ribbon and launching the series of workshops.

Our first workshops on Heart Health

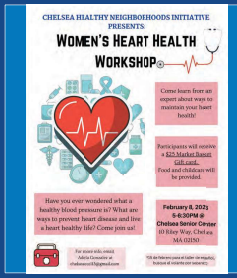
WE LOVE OUR PARTICIPANTS!

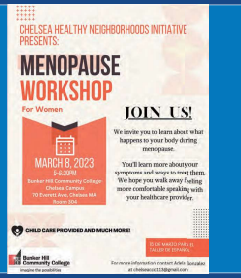


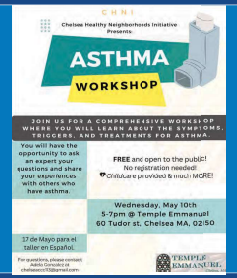
We are very fortunate to have yummy meals at our workshops! We are happy to support our local restaurants.

A thank you note given to us by one of our participants who enjoyed the workshop.

Workshop Flyers







Key Collaborator(s)

COMMUNITY CONNECTIONS
HEALTHY CHELSEA
GreenRoots
CHELSEA CBC BLACK COMMUNITY
COMMUNITY ACTION PROGRAMS INTER-CITY INC
CHELSEA TOWN 1739
Roca
The Neighborhood Developers
La Colaborativa

For more information, contact:

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Beth Israel Deaconess Medical Center

MXM RESEARCH GROUP

Evaluating a Model for Place-based Investment

Healthy Neighborhoods Initiative (HNI)

About the Funding Model

BIDMC's Healthy Neighborhoods Initiative (HNI) funds seven Collectives for **six Boston neighborhoods** and the **City of Chelsea** to design and implement a project that:

- Is responsive to and **addresses a neighborhood priority** within DPH priority areas.
- Is **decided and led by the neighborhood community** in a participatory process; includes at least 3 public engagements during the planning phase.

The HNI funding model provides:

- **$355,000-$395,000** over 2 years to implement the project.
- A dedicated **5-month planning phase**, with an option to allocate up to $40,000-$50,000 of funds to the project design process.
- A dedicated **evaluation support** to measure and report on project outcomes and Collective process.

Signposts of Success

BIDMC considers the Healthy Neighborhoods Initiative successful if, by the end of the project:

- The Collectives **achieve their intended project outcomes.**
- Involved community members feel that their **perspectives and voice were valued** and incorporated.
- Collective members feel **more confident and skilled to represent community voice** in the future.
- **Community relationships are built** or strengthened.
- Collective members have **gained skills to plan and execute a community project** and evaluate the work.

Goal of the Initiative

Boston neighborhoods and Chelsea have sustained grassroots, collective decision-making and collaboration mechanisms to address neighborhood priorities.

How We're Evaluating the Model

To what extent is the HNI funding process a successful model for community-driven funding?

MXM Research Group is a research & evaluation firm that specializes in design, strategy, and evaluation for social impact. The MXM team provides ongoing support to each Collective and BIDMC to gather project feedback and measure outcomes.

Our work is guided by three questions:

1

Community-driven funding/ decision-making: To what extent did the HNI process enable grassroots, collective decision making and collaboration to address neighborhood priorities?

2

About the funding mechanism: What are the facilitators and challenges of taking a place-based grantmaking approach, particularly during the RFP, planning phase, and implementation phase?

3

General factors of success: Of the collectives that achieved their desired outcomes, what were their critical success factors?

For more information, contact:
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Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

MXM RESEARCH GROUP

What are we Learning?

Healthy Neighborhoods Initiative (HNI) Evaluation Early Findings

Community-driven Funding/Decision-making

To what extent has the Healthy Neighborhood Initiative enabled grassroots, collective decision making and collaboration to address neighborhood priorities?

- **New neighborhood collaborations formed.** In several of the Collectives, the HNI process has provided the opportunity to foster new collaborations, especially with residents.
- **Leverages existing data.** Rather than collect new data, Collectives are encouraged to review existing community data where possible to identify key focus areas for their project.
- **Public participation requirement amplifies community voice**. By requiring at least three separate public opportunities to meaningfully engage neighborhood residents during the Planning Phase, the funding mechanism amplifies community voice in local decision-making.

Funding Mechanism Facilitators and Challenges

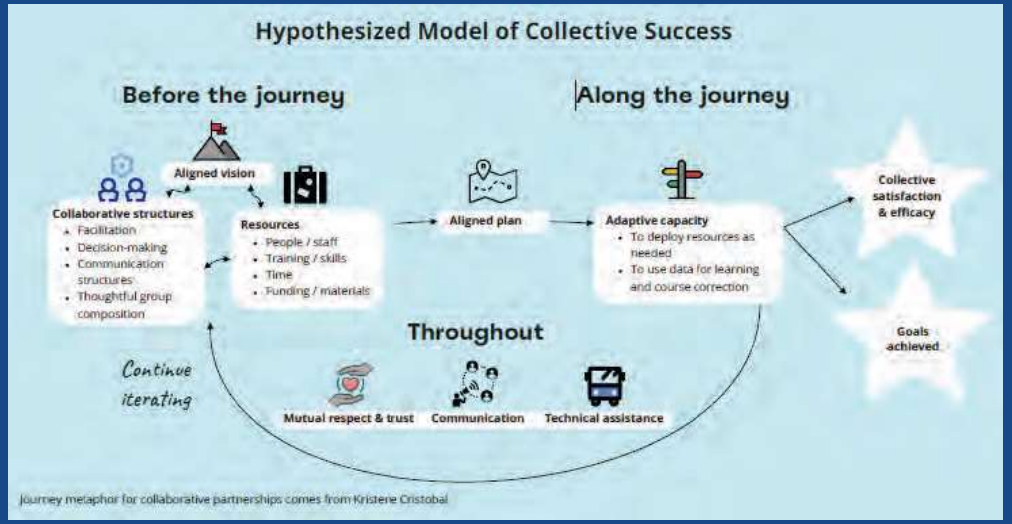
What are the facilitators and challenges of taking a place-based grantmaking approach, particularly during the RFP and planning phase?

Facilitator:

- **Dedicated facilitator.** Having a dedicated individual/team to facilitate the Planning Process and Collective development has been critical.

Challenge:

- **More time needed for Collective formation.** The initial design of the Planning Phase underestimated the amount of time and effort needed for newly forming collectives to build Collaborative structures and aligned vision.



For more information, contact:
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